Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CORTESE RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1979

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CORTESE DODGE, INC

2400 WEST HENRIETTA RD
ROCHESTER, NY 14623

2b Employer Identification Number (EIN) 16-1081381

2c Sponsor's telephone number 585-424-3000

2d Business code (see instructions) 441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	CORTESE DODGE, INC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CORTESE DODGE, INC

2400 WEST HENRIETTA RD
ROCHESTER, NY 14623

3b Administrator's EIN
16-1081381

3c Administrator's telephone number
585-424-3000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	227
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	181
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	187
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	187
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	98
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 3D 2E 2J 3H 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
CORTESE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CORTESE DODGE, INC

D Employer Identification Number (EIN)
16-1081381

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	424787	211747
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	98308	99222
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3355042	4885373
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3878137	5196342
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3878137	5196342

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	86059	
	(B) Participants	2a(1)(B)	299091	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		385150
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1267	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7710	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8977
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	73156	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		73156
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1125578
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1592861
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	273329	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		273329
f	Corrective distributions (see instructions)	2f		105
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	515	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	707	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1222
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		274656
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1318205
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PENTA & CO., P.C. **(2)** EIN: 20-0329069

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
CORTESE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CORTESE DODGE, INC

D Employer Identification Number (EIN)
16-1081381

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CORTESE RETIREMENT SAVINGS PLAN
ROCHESTER, NEW YORK

FINANCIAL STATEMENTS
SUPPLEMENTAL SCHEDULE
AND
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

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Penta & Co., P.C.
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Cortese Retirement Savings Plan

We were engaged to audit the financial statements of the Cortese Retirement Savings Plan (the Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule, as listed in the accompanying contents page. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Mid Atlantic Trust Company and Fidelity Management Trust Company (FMTC), the trustees of the Plan at December 31, 2009 and 2008, respectively, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Penta & Co., P.C.

Rochester, New York
September 29, 2010

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Members of the AICPA and the NYSSCPA

CORTESE RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	December 31, 2008
ASSETS		
Investments, at fair value:		
Interest bearing cash	$ 211,747	$ 424,787
Mutual funds	4,885,373	3,355,042
	5,097,120	3,779,829
Loans to participants	99,222	98,308
Receivables:		
Employers' contributions	97,725	93,560
Participants' contributions	---	3,540
	97,725	97,100
NET ASSETS AVAILABLE FOR BENEFITS	$5,294,067	$3,975,237

The accompanying notes are an integral part of the financial statements.

CORTESE RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

ADDITIONS		
Investment income:		
Interest		$ 8,977
Net realized and unrealized appreciation in fair value of investments		1,198,733
		1,207,710
Contributions:		
Employers'		99,217
Participants'		286,558
		385,775
	TOTAL ADDITIONS	1,593,485
DEDUCTIONS		
Benefit payments		273,434
Administrative expenses		1,221
	TOTAL DEDUCTIONS	274,655
OTAL DEDUCTIONS		
	NET INCREASE	1,318,830
Net assets available for benefits at beginning of year		3,975,237
	NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$5,294,067

The accompanying notes are an integral part of the financial statements.

CORTESE RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE A: PLAN DESCRIPTION

The following description of the Cortese Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a trusteed profit sharing 401(k) salary deferred plan. It covers all full-time employees of the Cortese Companies who have eleven months of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended from time to time and regulations issued thereunder.

Contributions
Participants may elect to contribute up to seventeen percent of their pre-tax annual compensation, as defined by the Plan. The Companies match fifty percent of each participant's elective deferral to a maximum of six percent.

Participant accounts
Each participant's account is credited with the participant's contribution, the Companies' matching contribution and an allocation of Plan earnings or losses. Allocation of earnings are based upon participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Companies' matching contributions plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after three years of credited service.

Loans to participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest is paid ratably through weekly payroll deductions.

Investment options
Plan participants may direct the investment of their funds among those investment options designated by the plan administrator.

NOTE A: PLAN DESCRIPTION, Cont'd

Payment of benefits
Upon retirement, disability or death, the participant is deemed to be fully vested and is eligible to receive benefits in accordance with the provisions of the Plan. The amount of the participant's retirement account is distributed to the participant or the designated beneficiary in either a lump sum distribution, a life annuity or a joint and survivor annuity, as defined in the Plan. The method of payment is selected by the participant or beneficiary. Upon separation from service before retirement, disability or death, the participant is eligible to request early payment of vested benefits or defer receipt of a distribution in accordance with Plan provisions.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting records
The financial statements of the Plan are prepared under the accrual basis.

Valuation of investments and income recognition
The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the plan at year end. Loans to participants are valued at cost which approximates fair value.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when earned.

Payment of benefits
Benefit payments are recorded when paid.

Plan expenses
Administrative expenses incurred by the Plan are paid by the Plan sponsor.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates and assumptions.

NOTE C: INVESTMENTS AND FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplementary schedule that was prepared by Mid Atlantic Trust Company, the trustee of the Plan, (Fidelity Management Trust Company (FMTC) as trustee, at December 31, 2008), and furnished to the plan administrator. The plan administrator has obtained certifications from the trustees that such information is complete and accurate.

	December 31,	
	2009	2008
Investments at fair value:		
Interest bearing cash	$ 211,747	$ 424,787*
Mutual funds:		
Alliance Bernstein International Value A	---	40,791
Calvert Income A	49,358	16,787
Columbia Midcap Value A	5,464	15,790
Dreyfus S&P 500 Index	---	3,767
FA Asset Mgr 20% T	15,977	12,643
FA Asset Mgr 50% T	21,176	15,202
FA Asset Mgr 70% T	4,142	2,217
FA Asset Mgr 85% T	9,308	---
FA Dynam Cap Appr T	7,875	3,924
FA Freedom Inc T	385	12,609
FA Lev Co Stock T	189,763	83,842
FA Equity Income T	1,715	600
FA Freedom 2010 T	84,078	90,548
FA Freedom 2020 T	798,265*	670,888*
FA Freedom 2030 T	748,964*	623,258*
FA Freedom 2040 T	115,435	65,452
FA Freedom 2005 T	480,389*	18,026
FA Freedom 2015 T	58,539	391,781*
FA Freedom 2025 T	708,128*	596,026*
FA Freedom 2035 T	242,908	174,066
FA Freedom 2045 T	8,956	21,425
FA Freedom 2050 T	12,617	3,938
FA Intl Discovery T	---	33,284
FA Large Cap T	223,486	113,412
FA Midcap II T	13,549	1,800
FA Small Cap T	74,800	50,701
FA Strat Income T	180,184	36,475
FA Value Leaders T	3,250	5,704
MS Mid Cap Growth A	---	36,114

NOTE C: INVESTMENTS AND FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED), Cont'd

Oppenheimer Global A	123,671	53,002
Oppenheimer Mainst SMCP A	113,381	53,876
Van Kampen Equity Income A	---	2,822
VK Comstock A	---	104,272
Blackrock S&P 500 Index A	52,513	---
Blackrock US Opp PTF A	86,921	---
Pimco Total Return A	34,133	---
Thrnbg Intl Value A	79,612	---
INVSC Vk Eq & Inc R	141,241	---
MFS Value R3	195,190	---
	$5,097,120	$3,779,829

* Investments that represent 5% or more of the Plan's net assets available for benefits.

The fair value of the above investments consist of unadjusted quoted prices in active markets for identical assets and represent the highest priority established in the fair value hierarchy under Statement of Financial Accounting Standards No. 157.

During the year ended December 31, 2009, the Plan's investments (including investments bought, sold, as well as held during the year appreciated (depreciated) in fair value by $1,198,733 as follows:

Alliance Bernstein International Value A	$ 15,087
Calvert Income A	3,749
Columbia Midcap Value A	1,296
Dreyfus S&P 500 Index	4,979
FA Asset Mgr 20% T	2,538
FA Asset Mgr 50% T	5,051
FA Asset Mgr 70% T	1,134
FA Asset Mgr 85% T	402
FA Dynam Cap Appr T	2,102
FA Freedom Inc T	1,980
FA Lev Co Stock T	68,731
FA Equity Income T	591
FA Freedom 2010 T	15,493
FA Freedom 2020 T	210,545
FA Freedom 2030 T	202,431

NOTE C: INVESTMENTS AND FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED), Cont'd

FA Freedom 2040 T	30,459
FA Freedom 2005 T	22,295
FA Freedom 2015 T	92,502
FA Freedom 2025 T	180,241
FA Freedom 2035 T	65,047
FA Freedom 2045 T	1,315
FA Freedom 2050 T	3,488
FA Intl Discovery T	12,677
FA Large Cap T	72,148
FA Midcap II T	1,120
FA Small Cap T	17,311
FA Strat Income T	15,325
FA Total Bond T	45
FA Value Leaders T	2,578
MS Mid Cap Growth A	25,280
Oppenheimer Global A	28,685
Oppenheimer Mainst SMCP A	30,100
Van Kampen Equity Income A	902
VK Comstock A	34,118
Blackrock S&P 500 Index A	2,772
Blackrock US Opp PTF A	5,797
Pimco Total Return A	(85)
Thrnbg Intl Value A	2,692
INVSC Vk Eq & Inc R	4,563
MFS Value R3	10,568
Virt for OPP A	681
	$1,198,733

During the year ended December 31, 2009, the Plan recorded interest income of $8,977

All information included in the attached Schedule of Assets Held for Investment Purposes at December 31, 2009, except for participant loans.

NOTE D: PLAN TERMINATION

Although they have not expressed any intent to do so, the Cortese Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE E: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Schedule H of Form 5500 at December 31, 2009:

Net assets available for benefits per the financial statements	$ 5,294,067
Employers' contributions receivable	(97,725)
Net assets available for benefits per Schedule H of Form 5500	$ 5,196,342

The following is a reconciliation of contributions per the accompanying financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Contributions per the financial statements	$ 385,775
Less:	
Employers' 2009 contribution recorded by plan when received - January 2010	(97,725)
Add:	
Employers' 2008 contribution recorded by plan when received - January 2009	93,560
Participants' 2008 contribution recorded by plan when received - January 2009	3,540
Contributions per Schedule H of Form 5500	$ 385,150

NOTE F: TAX STATUS

The plan administrator had received a determination letter from the Internal Revenue Service that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC), and was, therefore, not subject to tax under present income tax laws at the Plan level. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the IRC.

NOTE G: RELATED PARTY TRANSACTIONS

The Plan's investments at December 31, 2009 are shares of Mutual Funds managed by Mid Atlantic Trust Company. Mid Atlantic Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE H: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE I: SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through September 29, 2010, the date on which the financial statements were available to be issued. There were no subsequent events through September 29, 2010 that required adjustment of or disclosure in the accompanying financial statements.

CORTESE RETIREMENT SAVINGS PLAN

SUPPLEMENTAL SCHEDULE

CORTESE RETIREMENT SAVINGS PLAN
EIN: 16-1081381
PLAN # 001

FORM 5500 - SCHEDULE H - PART IV
ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2009

(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturing date, rate of interest collateral, par or maturity date	(d) Cost	(e) Current Value
Mid Atlantic Trust Co.	Prime fund	N/A	$ 211,747
	Mutual Funds		
Mid Atlantic Trust Co.	Calvert Income A (3,195 shares)	N/A	49,358
Mid Atlantic Trust Co.	Columbia Midcap Value A (494 shares)	N/A	5,464
Mid Atlantic Trust Co.	FA Asset Mgr 20% T (1,334 shares)	N/A	15,977
Mid Atlantic Trust Co.	FA Asset Mgr 50% T (1,529 shares)	N/A	21,176
Mid Atlantic Trust Co.	FA Asset Mgr 70% T (289 shares)	N/A	4,142
Mid Atlantic Trust Co.	FA Asset Mgr 85% T (799 shares)	N/A	9,308
Mid Atlantic Trust Co.	FA Dynam Cap Appr T (504 shares)	N/A	7,875
Mid Atlantic Trust Co.	FA Freedom Inc T (38 shares)	N/A	385
Mid Atlantic Trust Co.	FA Lev Co Stock T (6,956 shares)	N/A	189,763
Mid Atlantic Trust Co.	FA Equity Income T (83 shares)	N/A	1,715
Mid Atlantic Trust Co.	FA Freedom 2010 T (8,015 shares)	N/A	84,078
Mid Atlantic Trust Co.	FA Freedom 2020 T (73,913 shares)	N/A	798,265
Mid Atlantic Trust Co.	FA Freedom 2030 T (69,284 shares)	N/A	748,964
Mid Atlantic Trust Co.	FA Freedom 2040 T (10,620 shares)	N/A	115,435
Mid Atlantic Trust Co.	FA Freedom 2005 T (46,822 shares)	N/A	480,389
Mid Atlantic Trust Co.	FA Freedom 2015 T (5,602 shares)	N/A	58,539
Mid Atlantic Trust Co.	FA Freedom 2025 T (68,286 shares)	N/A	708,128

CORTESE RETIREMENT SAVINGS PLAN
EIN: 16-1081381
PLAN # 001

FORM 5500 - SCHEDULE H - PART IV
ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2009, Cont'd

(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturing date, rate of interest collateral, par or maturity date	(d) Cost	(e) Current Value
Mid Atlantic Trust Co.	FA Freedom 2035 T (23,885 shares)	N/A	242,908
Mid Atlantic Trust Co.	FA Freedom 2045 T (1,064 shares)	N/A	8,956
Mid Atlantic Trust Co.	FA Freedom 2050 T (1,524 shares)	N/A	12,617
Mid Atlantic Trust Co.	FA Large Cap T (14,428 shares)	N/A	223,486
Mid Atlantic Trust Co.	FA Midcap II T (960 shares)	N/A	13,549
Mid Atlantic Trust Co.	FA Small Cap T (3,495 shares)	N/A	74,800
Mid Atlantic Trust Co.	FA Strat Income T (14,867 shares)	N/A	180,184
Mid Atlantic Trust Co.	FA Value Leaders T (329 shares)	N/A	3,250
Mid Atlantic Trust Co.	Oppenheimer Global A (2,333 shares)	N/A	123,671
Mid Atlantic Trust Co.	Oppenheimer Mainst SMCP A (6,834 shares)	N/A	113,381
Mid Atlantic Trust Co.	Blackrock S&P 500 Index A (3,858 shares)	N/A	52,513
Mid Atlantic Trust Co.	Blackrock US Opp PTF A (2,717 shares)	N/A	86,921
Mid Atlantic Trust Co.	Pimco Total Return A (3,160 shares)	N/A	34,133
Mid Atlantic Trust Co.	Thrnbg Intl Value A (3,204 shares)	N/A	79,612
Mid Atlantic Trust Co.	INVSC Vk Eq & Inc R (18,038 shares)	N/A	141,241
Mid Atlantic Trust Co.	MFS Value R3 (9,420 shares)	N/A	195,190
			$5,097,120

CORTESE RETIREMENT SAVINGS PLAN
EIN: 16-1081381
PLAN # 001

FORM 5500 - SCHEDULE H - PART IV
ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2009, Cont'd

Participant Loans	Range of interest rates from 4.25% - 9.25%	N/A	$ 99,222

Note: Column (a) Mid Atlantic Trust Co. is considered a party in interest.

Column (d) is not applicable as all investments are participant directed.

CORTESE RETIREMENT SAVINGS PLAN
EIN: 16-1081381
PLAN # 001

FORM 5500 - SCHEDULE H - PART IV
ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2009

(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturing date, rate of interest collateral, par or maturity date	(d) Cost	(e) Current Value
Mid Atlantic Trust Co.	Prime fund	N/A	$ 211,747
	Mutual Funds		
Mid Atlantic Trust Co.	Calvert Income A (3,195 shares)	N/A	49,358
Mid Atlantic Trust Co.	Columbia Midcap Value A (494 shares)	N/A	5,464
Mid Atlantic Trust Co.	FA Asset Mgr 20% T (1,334 shares)	N/A	15,977
Mid Atlantic Trust Co.	FA Asset Mgr 50% T (1,529 shares)	N/A	21,176
Mid Atlantic Trust Co.	FA Asset Mgr 70% T (289 shares)	N/A	4,142
Mid Atlantic Trust Co.	FA Asset Mgr 85% T (799 shares)	N/A	9,308
Mid Atlantic Trust Co.	FA Dynam Cap Appr T (504 shares)	N/A	7,875
Mid Atlantic Trust Co.	FA Freedom Inc T (38 shares)	N/A	385
Mid Atlantic Trust Co.	FA Lev Co Stock T (6,956 shares)	N/A	189,763
Mid Atlantic Trust Co.	FA Equity Income T (83 shares)	N/A	1,715
Mid Atlantic Trust Co.	FA Freedom 2010 T (8,015 shares)	N/A	84,078
Mid Atlantic Trust Co.	FA Freedom 2020 T (73,913 shares)	N/A	798,265
Mid Atlantic Trust Co.	FA Freedom 2030 T (69,284 shares)	N/A	748,964
Mid Atlantic Trust Co.	FA Freedom 2040 T (10,620 shares)	N/A	115,435
Mid Atlantic Trust Co.	FA Freedom 2005 T (46,822 shares)	N/A	480,389
Mid Atlantic Trust Co.	FA Freedom 2015 T (5,602 shares)	N/A	58,539
Mid Atlantic Trust Co.	FA Freedom 2025 T (68,286 shares)	N/A	708,128

CORTESE RETIREMENT SAVINGS PLAN
EIN: 16-1081381
PLAN # 001

FORM 5500 - SCHEDULE H - PART IV
ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2009, Cont'd

(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturing date, rate of interest collateral, par or maturity date	(d) Cost	(e) Current Value
Mid Atlantic Trust Co.	FA Freedom 2035 T (23,885 shares)	N/A	242,908
Mid Atlantic Trust Co.	FA Freedom 2045 T (1,064 shares)	N/A	8,956
Mid Atlantic Trust Co.	FA Freedom 2050 T (1,524 shares)	N/A	12,617
Mid Atlantic Trust Co.	FA Large Cap T (14,428 shares)	N/A	223,486
Mid Atlantic Trust Co.	FA Midcap II T (960 shares)	N/A	13,549
Mid Atlantic Trust Co.	FA Small Cap T (3,495 shares)	N/A	74,800
Mid Atlantic Trust Co.	FA Strat Income T (14,867 shares)	N/A	180,184
Mid Atlantic Trust Co.	FA Value Leaders T (329 shares)	N/A	3,250
Mid Atlantic Trust Co.	Oppenheimer Global A (2,333 shares)	N/A	123,671
Mid Atlantic Trust Co.	Oppenheimer Mainst SMCP A (6,834 shares)	N/A	113,381
Mid Atlantic Trust Co.	Blackrock S&P 500 Index A (3,858 shares)	N/A	52,513
Mid Atlantic Trust Co.	Blackrock US Opp PTF A (2,717 shares)	N/A	86,921
Mid Atlantic Trust Co.	Pimco Total Return A (3,160 shares)	N/A	34,133
Mid Atlantic Trust Co.	Thrnbg Intl Value A (3,204 shares)	N/A	79,612
Mid Atlantic Trust Co.	INVSC Vk Eq & Inc R (18,038 shares)	N/A	141,241
Mid Atlantic Trust Co.	MFS Value R3 (9,420 shares)	N/A	195,190
			$5,097,120

CORTESE RETIREMENT SAVINGS PLAN
EIN: 16-1081381
PLAN # 001

FORM 5500 - SCHEDULE H - PART IV
ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - DECEMBER 31, 2009, Cont'd

Participant Loans	Range of interest rates from 4.25% - 9.25%	N/A	$ 99,222

Note: Column (a) Mid Atlantic Trust Co. is considered a party in interest.

Column (d) is not applicable as all investments are participant directed.